Image# 28991358296 067/297/2008 22:59

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) I	Name of Individual, Organization or Corporation				
HUN	MANE SOCIETY LEGISLATIVE FUND				
	Address (number and street)				
(c) (City, State and ZIP Code				
WAS	SHINGTON DC 20002	3. FEC Identification Number			
2. Cor	rporate filers only Is the filer a qualified nonprofit corporation? X Yes No	C C90009358			
Ind	lividual filers only Name of Employer	Occupation			
 	TYPE OF REPORT (check appropriate boxes):				
	(a) X April 15 Quarterly Report 24-Hour Notice	48-Hour Notice			
	☐ July 15 Quarterly Report				
	☐ October Quarterly Report				
	☐ January 31 Year-End Report				
	(b) Is this Report an amendment? Yes X No				
	5. COVERING PERIOD: FROM 01 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	THROUGH				
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	6. TOTAL CONTRIBUTIONS	.00			
	7. TOTAL INDEPENDENT EXPENDITURES	5205.27			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.					
TYPE	OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
Sara /	Amundson	06/29/2008			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.					

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

SOCIFTY	LECIO	∧TI\/⊏	ELINID

Full Name (Last, First, Middle Initial) of Payee	Date	
List America	M M / D D / Y Y Y	
Mailing Address	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
5151 Wisconsin Ave Suite 400	Amount	
City State Zip Code	1352.48	
Washington DC 20016		
Purpose of Expenditure Category/	Office Sought: X House State: MD	
Purchase of name lists Type	House Senate	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 01	
Wayne Gilchrest	Check One: X Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: X Primary General	
for Office Sought 3144.89	2008 Cher (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
List America	M M / D D / Y Y Y Y Y Y Z 0 0 8	
Mailing Address	Amount	
5151 Wisconsin Ave., NW Suite 400	1352.47	
City State Zip Code	1332.41	
Washington DC 20016		
Purpose of Expenditure Category/ Type	Office Sought: X House State: MD	
,,,,,,	House Senate District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure: Andy Harris	President	
7 may Fights	Check One: Support X Oppose	
Calendar Year-To-Date Per Election	Disbursement For: X Primary General	
for Office Sought 2659.86	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
MSHC Partners, Inc.	M M / D D / Y Y Y	
Mailing Address	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
1155 15th St., NW Suite 300	Amount	
City State Zip Code	500.00	
Washington DC 20005		
Purpose of Expenditure Category/	Office Sought: X House State: MD	
Phone banking Type	House Senate District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Wayne Gilchrest	Check One: X Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: X Primary General	
for Office Sought 3144.89	Other (specify)	
1	2204.05	
(a) SUBTOTAL of Itemized Independent Expenditures	3204.95	
(b) SUBTOTALof Unitemized Independent Expenditures		
(b) SUBTOTALof Unitemized Independent Expenditures		

Image# 28991358298 SCHEDULE 5-E

MIZED INDEPENDENT EXPENDIT	URES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full) IUMANE SOCIETY LEGISLATIVE FUN	ID		
Full Name (Last, First, Middle Initial) of Payee			Date
MSHC Partners, Inc.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1155 15th St., NW			Amount
Suite 300			500.00
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure			Office Sought: V House ou MD
Phone banking		Category/ Type	House Senate
Name of Federal Candidate Supported or Opp	 posed by Expenditure:		President District: 01
Andy Harris	, ,		Check One: Support X Oppose
			Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		2659.86	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Lagana Printing			0.1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 513 C St., NE			Amount
·			467.88
City Washington	State DC	Zip Code 20002	
Purpose of Expenditure		Category/	Office Sought: X House State: MD
Printing of flyers		Туре	House Senate District: 01
Name of Federal Candidate Supported or Opp Wayne Gilchrest	cosed by Expenditure:		President Check One: X Support Oppose
			Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		3144.89	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Lagana Printing			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
513 C St., NE			Amount
City	State DC	Zip Code 20002	467.88
Washington Purpose of Expenditure	DC	20002	Office Country
Printing of flyers		Category/ Type	Office Sought: X House State: MD
Name of Federal Candidate Supported or Opp	accod by Evpanditura:		House Senate District: 01
Andy Harris	Josea by Experialitire.		Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: X Primary General
for Office Sought		2659.86	Other (specify)
OUDTOTAL of the mineral bedressed at 5 and			1435.76
SUBTOTAL of Itemized Independent Expendent	multures		
(b) SUBTOTALof Unitemized Independent Ex	kpenditures		
(c) TOTAL Independent Expenditures			
(carry total from last page forward			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee		Date		
US Postal Service		M M / D D / Y Y Y Y		
Mailing Address		$\begin{bmatrix} M & M \\ O & 1 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$		
34 Main St		Amount		
City State	Zip Code	282.28		
_ ·	06423			
D		ce Sought: Y House Out MD		
Oat Care	T 2	State: WD		
	H	Ouse Senate District: 01		
Name of Federal Candidate Supported or Opposed by Expenditure: Wayne Gilchrest				
Wayne dilumest	Che	ck One: X Support Dppose		
Calendar Year-To-Date Per Election	Disb	ursement For: X Primary General		
for Office Sought	3144.89	2008 — , — ther (specify)		
<u> </u>				
Full Name (Last, First, Middle Initial) of Payee US Postal Service		Date		
OS FOSIAI SEIVICE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Mailing Address		0.1 2.5 2.008 Amount		
34 Main St.				
City State	Zip Code	282.28		
West Haddam CT	06423			
Purpose of Expenditure Cal	tegory/ Offic	ee Sought: X House State: MD		
	T	Senate		
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 01		
Andy Harris	Che	ck One: Support X Oppose		
Calendar Year-To-Date Per Election		ursement For: X Primary General		
for Office Sought	2659.86	ther (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures		564.56		
(b) SUBTOTALof Unitemized Independent Expenditures				
		5205.27		
(c) TOTAL Independent Expenditures		5205.27		
(carry total from last page forward to Line 7)				